

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 144
Registered No. 33

1. PLACE OF BIRTH

County Gila State Ariz.
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ricardo Aragon

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male **To be answered ONLY in event of plural births.** **4. Twin, triplet or other** _____ **5. Legitimate?** yes. **7. Date of birth** 2-16-26
Month Day Year

8. FATHER
Full name Juan Aragon
9. Residence (Usual place of abode) Globe
If non-resident, give place and state. Ariz.
10. Color or race Mex. **11. Age at last birthday** 34 (Years)

14. MOTHER
Full maiden name Petra Hernandez
15. Residence (Usual place of abode) Globe
If non-resident, give place and state. Arizona
16. Color or race Mex **17. Age at last birthday** 29 (Years)

12. Birthplace (city or place) Juarez
(State or country) Mexico
13. Occupation
Nature of Industry Laborer.

18. Birthplace (city or place) Chifton
(State or country) Arizona
19. Occupation
Nature of Industry Housewife

20. Number of children of this mother 6
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 5
(b) Born alive but now dead 1
(c) Stillborn 0 **21. Were precautions taken against ophthalmia neonatorum?** yes

CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:35 A m. on the date above stated
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. Wadams
Physician
(Physician or midwife)

Given name added from a supplemental report _____ Address Globe, Arizona
Month, day, year _____ Filled 3/18/26 N. S. Stofor
Registrar _____ Registrar _____

915-216-789

RECEIVED must be made for each child the number of order of birth stated.